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**TRANSMITTAL
FORM**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/998,733
	Filing Date	11/30/2001
	First Named Inventor	Rud Istvan, et al.
	Art Unit	3762
	Examiner Name	Joseph S. Machuga
Total Number of Pages in This Submission	Attorney Docket Number	05123.00004

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 Page), Certificate of Express Mail and Return Receipt Postcard				
<table border="1"><tr><td>Remarks</td><td>The Commissioner is hereby authorized to charge any additional fees or credit any overpayment of fees to Deposit Account No. 19-0733.</td></tr><tr><td colspan="2">EV 378038700 US</td></tr></table>			Remarks	The Commissioner is hereby authorized to charge any additional fees or credit any overpayment of fees to Deposit Account No. 19-0733.	EV 378038700 US	
Remarks	The Commissioner is hereby authorized to charge any additional fees or credit any overpayment of fees to Deposit Account No. 19-0733.					
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	J. Pieter van Es (Reg. No. 37,746) Banner & Witcoff, Ltd.
Signature	
Date	December 29, 2004

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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By: 

Application of: Rud Istvan, et al.
Serial No.: 09/998,733
Filing Date: November 30, 2001
Title: WIRELESS ECG SYSTEM

Transmitted herewith are the following documents:

- Transmittal form (1 Page in duplicate)
- Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (1 Page)
- Return Receipt Postcard

Attorney Case No.: 05123.00004